**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Schiff Hold the House 2020 777 S Figueroa Street, Suite 4050 ADDRESS (number and street) (Check if address is changed) Los Angeles 90017 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jguard@kaufmanlegalgroup.com (Check if address is changed) Optional Second E-Mail Address sshin@kaufmanlegalgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2019 C00706002 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kaufman, Stephen, , , Type or Print Name of Treasurer Kaufman, Stephen, , , [Electronically Filed] 05 08 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party
		committee. (i.e., nonconnected committee)	
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	SCHIFF FOR CONGRESS	343871
	2.	KATIE HILL FOR CONGRESS  FEC ID number C COOC	34212
	3.	HARLEY ROUDA FOR CONGRESS FEC ID number C COOR	33982
	4.	CISNEROS FOR CONGRESS	50648

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Write or Type Committee Name		
Schiff Hold the I	House 2020	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Repres	sentative, or Leadership PAC Sponsor
NONE  Mailing Address  Relationship: Connected	CITY  Organization  Affiliated Committee  Joint Fundraising R	STATE ZIP CODE  Representative Leadership PAC Sponsor
. Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position	n of the person in possession of committee
Full Name	777 S Figueroa Street, Suite 4050	
	Los Angeles	CA 90017
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone number	er 213 - 452 - 6565
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the c ssistant treasurer).	committee; and the name and address of
Full Name Kaufman, S of Treasurer  Mailing Address	Stephen, , ,	
Title or Position	Los Angeles CITY S	CA 90017STATE ZIP CODE
Treasurer	Telephone number	er 213 - 452 - 6565

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 2
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I		accounts, rents
safety deposit bo	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100  Los Angeles  CA 90071	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100  Los Angeles  CITY  STATE  Z	accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100  Los Angeles  CITY  STATE  Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100  Los Angeles  CITY  STATE  Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100  Los Angeles  CITY  STATE  Z	
Name of Bank, I	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100  Los Angeles  CITY  STATE  Z	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  California Bank & Trust  550 S. Hope Street, Suite 100  Los Angeles  CITY  STATE  Z	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) d	or(h). <b>Joint Fundraisin</b>	g Participant:			
	JOSH HARDEI	R FOR CONGRESS	FEC ID	number	C C00639146
	2. MIKE LEVIN FO	OR CONGRESS	FEC IE	number	C C00634253
	3. KATIE PORTE	R FOR CONGRESS	FEC ID	number	C C00636571
	4. TJ COX FOR C	ONGRESS	FEC II	number	C C00648956
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Rep	presentative,	or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
3.		y by name, address (phone number – optio	nal)		
8.	Designated Agent: Identify  Full Name  Mailing Address	y by name, address (phone number – optio	nal)		
8.	Full Name	y by name, address (phone number – optio	nal)		
8.	Full Name		nal)		
8.	Full Name	CITY A		STATE A	ZIP CODE A
8.	Full Name	CITY A			
	Full Name      Mailing Address  TITLE OR POSITION	CITY A	Telephone N	umber	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main that the safety deposit boxes or main that the safety depository, etc.	CITY A	Telephone N	umber	ZIP CODE A